

**2011 STATE PLAN FOR VOCATIONAL REHABILITATION (VR) SERVICES PROGRAM AND
SUPPLEMENT FOR THE SUPPORTED EMPLOYMENT (SE) SERVICES PROGRAM PUBLIC MEETING**

**1:30 P.M., Wednesday, June 9, 2010
VOCATONIONAL REHABILITATION CONFERENCE ROOM
6TH FLOOR, STATE OFFICE BUILDING
301 CENTENNIAL MALL SOUTH
LINCOLN, NEBRASKA 68509**

Vocational Rehabilitation is conducting a public meeting on the 2011 State Plan draft. The public meeting is an opportunity for members of the public, including individuals with disabilities to comment on the goals, strategies and policies of the VR agency.

The 2011 State Plan draft is available for review on the website for Nebraska Vocational Rehabilitation and at each Vocational Rehabilitation Office. Interested parties are invited to attend and to make comment. If reasonable accommodations are needed for the public meeting, please contact Vocational Rehabilitation at 402-471-3649 at least five days before the public meeting date.

Interested parties may also submit written comments by e-mail to pat.bracken@nebraska.gov or by mail to:
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Vocational Rehabilitation
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Lincoln, NE 68509-4987

Comments received by the close of the public meeting on Wednesday, June 9, 2010 will be made part of the meeting record.

Attachment 4.2(c): Summary of Input and Recommendations of the State Rehabilitation Council; Responses of the Designated State Unit and Explanations for Rejection of Inputs or Recommendations

The following summarizes the State Rehabilitation Council's (SRC) input, recommendations and collaboration with Nebraska Vocational Rehabilitation. The agency agrees with all the SRC recommendations and will take actions to implement.

SRC Input

- I. Agency goals and standards & indicators were reviewed at each meeting during the year. Throughout the year the SRC provided input around the agency goals for the 2011 State Plan.
- II. The SRC advised the agency on many issues including a job retention video to be produced for young adults, a new IPE career planning booklet for transition students, topics for the transition roundtable held for VR staff, consumer survey process and results, agency performance, the revision of the SRC website, and the relocation of two of our field offices.
- III. Use of federal stimulus funds were discussed collaboratively in several meetings.

SRC Annual Events

- I. Employer appreciation awards were presented in October as part of Disability Awareness Month. Award settings included Chamber of Commerce meetings, a mayor's office and an employer site.
- II. The SRC again conducted a State Senators' luncheon in February to provide information about VR and the Employer of the Year awards awarded in October. Thirty-two (32) Senators attended, as did nine (9) SRC Board members.

SRC Recommendations

- I. The SRC recommended the consumer satisfaction surveys be expanded to all VR offices across the state following field-testing. Throughout the year the SRC monitored the survey return rates for each office, reviewed survey results, and refined the surveys and surveying process. The SRC recommended that two surveys be eliminated and one survey added that would be completed 90 days after successful outcome. The outcome survey would be implemented at the beginning of FY 2010. In addition the SRC recommended with the paper version of the survey, that individuals be encouraged to complete the survey before leaving in an effort to increase the return rate. The initial instructions for the individual to take the paper survey with them, complete, and mail back yielded a very low return rate. The agency agreed and implemented these recommendations.
- II. The SRC recommended a new award "The Entrepreneur of Distinction." The agency supported the recommendation. The award ceremony was held in July and four VR self-employment consumers were chosen by the SRC to be recognized. Approximately 40 individuals attended the ceremony. Great press coverage was provided.
- III. One of the SRC committees recommended an employer survey be developed and conducted. The agency supported this recommendation and will work with the SRC in FY2010 to develop and distribute the survey.
- IV. The council recommended that Nebraska employers be made aware of the RFP for ARRA funds and that an employer serve as part of the committee to select the awarded proposals. The agency agreed to and carried through on both recommendations.

Attachment 4.8(b)(1): Cooperation with Agencies That Are Not in the Statewide Workforce Investment System and with Other Entities

Nebraska Vocational Rehabilitation seeks to work cooperatively with numerous other state and local agencies and programs. Collaborative efforts are manifested through coordinated committees throughout the state with VR state office and local staff actively participating. Examples of the committees Nebraska Vocational Rehabilitation serves on includes, but are not limited to, Nebraska Planning on Developmental Disabilities Council, State Advisory Council on Mental Health Services, Ticket to Work Infrastructure Committee, TBI Advisory Council, Local Community Resource Committees, Deaf and Hard of Hearing Special Education Advisory Committee, Palliative Care Advisory Committee, Madonna Community Advisory Council, ATP Advisory Council, Money Follows the Person Project Advisory Panel, Alternative Finance Loan Advisory Council, local Chambers of Commerce, etc.

Nebraska Vocational Rehabilitation maintains interagency agreements with Nebraska Health and Human Services, Nebraska Commission for the Deaf and Hard of Hearing, Nebraska Commission for the Blind and Visually Impaired, and the Veterans Administration–Vocational Rehabilitation and Employment Program for purposes of providing an understood and coordinated effort to achieve employment goals for persons with disabilities.

Written agreements are maintained with Liberty Centre Services Employment Program, Cirrus House, Inc., Central Nebraska Goodwill, Community Alliance, Office of Juvenile Services, Mosaic, Douglas County Correctional Services, State Parole Office, PAKS Developmental Services, Developmental Disabilities of Nebraska, Vital Services, Mid-Nebraska Individual Services, South Central Developmental Services, Employment Works, Region V Services, Community Alternatives, Eastern Nebraska Community Office of Retardation, Career Solutions, Rainbow Center, Ability Building Services, Versatile Support Services, Assistive Technology Partnership, Easter Seals - Nebraska, Abilities Fund, North Star, and Black Hills Workshop. These written agreements coordinate efforts and services to assist persons with disabilities to achieve employment success. These agencies represent various locations throughout the state and serve individuals experiencing a variety of disabilities such as severe and persistent mental illness, developmental disability, brain injury, learning disability, and those experiencing multiple disabilities.

To maximize limited resources and assist individuals to access other programs which can provide needed services essential to individuals achieving employment, Vocational Rehabilitation works cooperatively with and utilizes numerous services and facilities within the state. These services and facilities include Centers for Independent Living, the Parent Information and Training Center, Apprenticeship Program, schools, Housing and Homelessness Commission, Educational Service Units and employers.

Vocational Rehabilitation works cooperatively with and utilizes Rural Economic Area Partnerships, and other programs carried out by the Under Secretary for Rural Development of the United States Department of Agriculture, when these programs and resources are available to local communities for economic development, and to the extent such cooperation and utilization is permissible under §101(a)(4) of the Rehabilitation Act of 1973, as amended.

The State of Nebraska does not have a state use contracting program.

Attachment 4.8(b)(2): Coordination with Education Officials

Coordination with Nebraska Department of Education-Special Education, Nebraska Department of Education

Vocational Rehabilitation and the Nebraska Department of Education-Special Education co-funded a Transition Program Director, a Youth Leadership Facilitator, and a Youth Leadership Council.

The statewide Youth Leadership Council provides an opportunity for youth with disabilities to develop leadership skills and promote self-advocacy. The Council will work with youth and organizations across the state to promote the Council's goals and activities and the development of Regional Youth Leadership Councils.

In partnership with Special Education and the Department of Health and Human Services, a Youth Rehabilitation and Training Center Liaison position will be developed to assist youth with disabilities as they leave the state's juvenile correctional facilities and return to their home community. The Liaison will assist the youth as they re-enter high school, post-secondary training, or employment.

In addition, Special Education and Vocational Rehabilitation have an interagency agreement to facilitate the transition of students receiving special education services. Special Education is the educational agency responsible for providing a free appropriate public education. Vocational Rehabilitation is the adult service agency responsible for providing vocational rehabilitation services. This agreement provides for —

- Consultation and technical assistance to assist local educational agencies and Educational Service Units in planning for the transition of students with disabilities from school to post-school activities, including employment, post-secondary education, vocational rehabilitation services, or services from an appropriate adult service agency.
- Transition planning by personnel of Vocational Rehabilitation, local school districts and Educational Service Units to facilitate the development and completion of individualized educational programs providing for the transition of students with disabilities from school to post-school activities.
- Identification of local school districts roles and responsibilities for the provision of a free appropriate public education to students with disabilities to the point of exit from school, including the planning and provision of transition services, and Vocational Rehabilitation's roles and responsibilities for providing consultation and technical assistance to local school districts, upon request, and the provision of other assistance in planning for the transition of students with disabilities during their school years to the extent determined by cooperative agreements with local school districts.
- Identification of the local school district as the lead agency responsible for providing transition services and responsible qualified personnel to students with disabilities to the point of exit from school, and Vocational Rehabilitation as the lead agency responsible for providing services and qualified personnel after the point of exit to those students meeting Vocational Rehabilitation eligibility and order of selection requirements.
- Identification of the local school district as having the financial responsibility for providing transition services to students with disabilities to the point of exit from school, and Vocational Rehabilitation as having the financial responsibility for providing services and qualified personnel after the point of exit to those students meeting Vocational Rehabilitation eligibility and order of selection requirements. Any student eligible for the VR program will have their Individualized Plan of Employment completed before exiting school. Other financial responsibilities, including joint responsibilities, may be specified in cooperative agreements between Vocational Rehabilitation and local school districts or Educational Service Units.
- Procedures for enhancing outreach to and identification of students with disabilities in need of transition services, including those students with disabilities who qualify for assistance under §504 of the Rehabilitation Act, but not a free appropriate public education under the Individuals with Disabilities Education Act.

Vocational Rehabilitation serves on the Nebraska Department of Education's Special Education Advisory Council's Deaf and Hard of Hearing Standing Committee. This committee meets twice a year to share information, identify issues, and coordinate secondary education and transition services for deaf and hard of hearing students.

Coordination with local school districts and Educational Service Units

As a result of Nebraska's strong tradition of local control, over 250 local school districts offer secondary education. Most districts are small, enrolling fewer than 100 secondary students, and having less than 10 students with disabilities.

Vocational Rehabilitation has a two prong directed outreach effort to secondary school districts —

- Outreach and identification efforts directed to special education, vocational education, guidance counseling, school nursing, and school personnel having knowledge of students with disabilities, including those not receiving special education services.

- Development of a Transition Partnership Planning process for schools, Educational Service Units, and VR at the local level. This process is used to promote a coordinated effort between the local school, ESU, and the local VR Office. The planning process identifies the nature and scope of services the local VR Office will provide in coordination with the efforts of the school and/or ESU. The process addresses the schedule of events and activities, expected outcomes, and a process to evaluate the effectiveness of the partnership on an annual basis.

Attachment 4.8(b)(3): Cooperative Agreements with Private Nonprofit Vocational Rehabilitation Service Providers

Vocational Rehabilitation has written procedures for establishing written agreements with service providers, including private nonprofit vocational rehabilitation service providers. These procedures emphasize the role of local VR offices in identifying needs for specific vocational rehabilitation services responsive to the needs of persons with significant disabilities in their areas. They also emphasize the role of local VR and community rehabilitation staff in monitoring the agreements, including usage and effectiveness of services.

Background screening is required for all individual providers with written agreements who provide job coaching, independent living skills exploration and training, supported employment, and self-employment consultation. Providers who employ individuals who will provide services requiring background screening must provide written assurances that persons employed by them to provide direct services have not been convicted of a felony or misdemeanor involving neglect and/or abuse of a child or vulnerable adult before the written agreement is approved.

Currently, Vocational Rehabilitation does not have any formal Cooperative Agreements that utilize state and local dollars for matching federal funds.

Attachment 4.8(b)(4): Evidence of Collaboration Regarding Supported Employment Services and Extended Services

On the state level, Vocational Rehabilitation works collaboratively with the Nebraska Department of Health and Human Services Divisions of Developmental Disabilities Services and Behavioral Health Services to coordinate the system of service delivery for supported employment services. While the funding models for supported employment services in these two systems are different, both models contain performance-based provisions.

The Health and Human Services Division of Developmental Disabilities has expanded and supported employment opportunities through its Community Supports Program (CSP). This allows consumers and their families to hire private individuals, not associated with any agency, to serve as a job coach to help the individual achieve a supported employment outcome. Vocational Rehabilitation is developing policies to support this effort and to financially participate in this innovative supported employment effort.

Nebraska Vocational Rehabilitation is in the process of negotiating a grant to the Autism Center of Nebraska to provide supported employment and job coaching for individuals with autism. This demonstration project will provide an opportunity for the Autism Center to develop services and strategies that will create competitive employment opportunities for individuals who have not generally had the necessary supports to achievement an employment outcome. This project will be initially funded by ARRA funds and is intended to be sustained after the grant period as a fee for services community-based activity.

At the local level, Vocational Rehabilitation enters into written agreements for the provision of supported employment services with financial assistance provided by Vocational Rehabilitation. These agreements are used with public or private non-profit community rehabilitation programs and private for-profit entities providing supported employment services. Vocational Rehabilitation maintains written procedures for entering into these agreements.

Each agreement describes the time-limited services that will be provided to eligible persons with the most significant disabilities using funds from Vocational Rehabilitation prior to the transition to extended services. These services may include any of those described in Attachment 6.3.

Cooperating organizations must assure the availability of the minimum extended services of (1) twice monthly monitoring at the work site of each individual to assess job stability and (2) based on that assessment, coordination or provision of specific services needed to maintain job stability. If off-site monitoring is determined to be appropriate, then each month, there must be two contacts with the employed person and, if the person has disclosed their impairment to their employer, one contact with the employer each month. These mandatory extended monitoring services apply to all agreements.

Attachment 4.10 Comprehensive System of Personnel Development

This attachment describes the comprehensive system of personnel development. The State Rehabilitation Council had an opportunity to review and comment on the development of plans, policies, and procedures necessary to meet the requirements of 34 CFR 361.18(b), (c), (d), and (f).

Data systems on personnel and personnel development

Vocational Rehabilitation maintains a system for collecting and analyzing data on qualified personnel needs which includes: the number of personnel currently employed by Vocational Rehabilitation, by personnel category; the number of positions currently available to Vocational Rehabilitation, by personnel category; and projections of the number of personnel who will be needed in 5 years, by personnel category. The table summarizes this information for direct service personnel as of April 30, 2010:

	Rehabilitation Specialists	Service Specialists	Associates
Direct Service Personnel Employed	61	52.5	39.5
Personnel to Consumer Ratios	1:99	1:112	1:154
Projected Staffing Requirements	61	55.5	39.5
Current Vacancies	0	0	0
Projected Replacement Needs (5 year total)	22	29	13

	Senior Administrators	Program Directors, Specialists, & Associates	Information Technology	Area Administrators & Office Directors	Office Associates
Non-Direct Service Personnel Employed	2	17	7	13	2
Projected Staffing Requirements	2	17	7	13	2
Current Vacancies	0	0	0	0	0
Projected Replacement Needs (5 year total)	1	5	0	5	0

There are no institutions of higher education in Nebraska receiving funds under Title III of the Rehabilitation Act to prepare vocational rehabilitation professionals in the disciplines designated in the Act (29 USC 771(b)(1)(B)). Consequently, there is no personnel development data system.

Plan for recruitment, preparation, and retention of qualified personnel

There is a projected need to replace an average of 12 - 15 VR service delivery staff annually due to resignations and retirements over the next 5 years. We anticipate no new hires through growth.

Recruitment

The ability of Vocational Rehabilitation to recruit qualified specialists is grossly impaired by the absence of (1) a federal traineeship support for a long term rehabilitation training program in Nebraska, (2) the lack of an active state chapter of the National Rehabilitation Association or any of its divisions, and (3) the totally inadequate regional supply of qualified applicants with an obligation to the public vocational rehabilitation program.

This last year, the agency participated in the Fall and Spring Career Fair at the University of Nebraska – Lincoln (UNL). This career fair, while held at UNL, is attended by students from most of the colleges in Nebraska. In addition, the agency participated in the Small College Career Fair at Doane College.

Qualified rehabilitation and service specialists (i.e., those who meet academic degree standards) will be actively recruited from Nebraska higher education institutions listed below as well as the following rehabilitation education programs located primarily in the Midwest. The agency supplements the distribution of Rehabilitation

and Service Specialist's vacancy postings by the state's Personnel Office by sending announcements directly to the following counseling programs.

In Nebraska, there are two programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). They are, the University of Nebraska at Kearney and the University of Nebraska at Omaha. Both programs offer an M.A. in Community Counseling.

University
University of Nebraska at Kearney
University of Nebraska at Omaha

There are 6 institutions of higher education, accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools that offer an M.A. in Counseling, Clinical Counseling, or Community Counseling. Because these are generic counseling programs, the agency must conduct a transcript analysis to determine which applicants meet the professional counseling certification criteria.

University
University of Nebraska-Lincoln
Creighton
Bellevue University
Chadron State College
Doane College
Wayne State College

These are the rehabilitation education programs in adjacent and surrounding states that the agency sends specialist vacancy announcements.

Master's Rehabilitation Programs	Undergraduate Rehabilitation Programs
Drake University	East Central University
East Central University	Emporia State University
Emporia State University	Illinois Institute of Technology
Langston University	Southern Illinois University - Carbondale
Maryville University of St. Louis	University of Illinois Urbana
Minnesota State University, Mankato	University of North Dakota
St. Cloud State University	University of Wisconsin - Stout
The University of Iowa	
University of Northern Colorado	

Recruitment of Personnel from Minority Backgrounds and Individuals with Disabilities

There will be active recruitment of qualified personnel with disabilities and those from racial and ethnic minority. Current employees from a minority background and employees with disabilities often recruit from their networks. Our vacancy postings are listed with the Commission on Latino-Americans, the Ponca Tribe of Nebraska, the Urban League of Nebraska, the State Independent Living Council, the five Nebraska Centers for Independent Living and the CIL in Council Bluffs, Iowa. In addition, an increased salary differential is offered to individuals who are bilingual or fluent in American Sign Language (ASL). The agency currently has 13 minority staff and while we do have a number of staff with a reported or observed disability, we do not officially collect this information.

Preparation

New Vocational Rehabilitation staff receive intensive structured training in basic vocational rehabilitation values, principles, and practices during their initial probationary period. Participation is funded in part through the In-Service Training Grant.

Retention

All staff will be afforded the opportunity for 20 contact hours annually of continuing education in vocational rehabilitation knowledge, skills, and abilities to enhance job performance and improve job retention. This conforms to the annual contact hour requirement for the state's highest applicable standard. Participation is funded in part through the In-Service Training Grant.

The Director and Assistant Director conduct video conversations with new staff during their first month, fifth month, and seventh month on the job. The video conversations are an opportunity to —

- become acquainted with each new staff member and his/her background,
- provide an opportunity for a new staff member to ask questions and provide feedback,
- assess how a new staff member is progressing in his/her training,
- determine if a new staff member is finding his/her job to be what they expected and consistent with how the job was presented, and
- demonstrate the agency's interest in his/her success.

The agency grants work time to staff to attend classes and earn up to 7 semester credit hours or 9 quarter credit hours per year. In addition, there are staff enrolled in evening and weekend programs to obtain either a BA or MA degree including the Drake University part-time weekend programs in Rehabilitation Counseling and Rehabilitation Administration.

The Director and Assistant Director offer an opportunity to staff for face-to-face, one-on-one interviews. This is an opportunity for all staff to provide personal feedback on specific policies and procedures and to discuss their role on their team and in the agency. In addition, staff have an opportunity to anonymously post questions about policy, rumors, or any concern a staff member has to the Director on an internal website.

The Assistant Director and the Program Director for VR HR conduct exit interviews with all staff leaving the agency. The goal of the interviews is to assess why people leave, look for trends, and to learn if there was anything the agency could have done to retain them.

Personnel standards

Vocational Rehabilitation employs staff in 13 self-directed teams throughout the state to provide direct services and supports (including financial assistance to help pay for the cost of services) that are responsive to the unique needs and circumstances of each person with significant disabilities served. During FY 2003, Vocational Rehabilitation implemented the new "Service Specialist" personnel classification. This position was created as the result of a Nebraska Department of Education position classification study based on job analyses of current job incumbents. The study contractors found that the direct service work performed by Vocational Rehabilitation staff fell into 3 distinct classes of personnel, and recommended that Vocational Rehabilitation create a third position, intermediate between associates and rehabilitation specialists and made of some duties currently performed by them.

Associate position

Associates provide direct support to teams serving persons with disabilities seeking employment. Their responsibilities include: monitoring persons with disabilities engaged in agreed on vocational rehabilitation plans; arranging and coordinating team activities; arranging and coordinating transportation; maintaining individual service records; and arranging financial assistance necessary to obtain agreed on goods and services from community providers.

Associate academic degree standards

There are no national or state-approved or state-recognized standards applicable to the associate position. The highest entry-level academic degree required for comparable work in State personnel requirements is the high school diploma. All currently employed associates meet or exceed this standard.

Service specialist position

Service specialists provide direct support to persons with disabilities seeking employment. Much of their work involves providing services to groups of consumers. Their responsibilities include: conducting orientation to Social Security benefits and benefits analysis; providing personal management training, social skills training, job placement assistance, job seeking skills training and other instruction of persons with disabilities using standardized curricula and instructional methods; and providing information about the purpose, nature, and scope of vocational rehabilitation services to persons with disabilities, service providers, and the general public.

Service specialist academic degree standards

There are no national or state-approved or state-recognized standards applicable to the service specialist. The highest entry-level academic degree required for comparable work in State Personnel requirements is the baccalaureate degree. All currently employed service specialists meet this standard.

Rehabilitation specialist position

Rehabilitation specialists make determinations and provide specialized direct services to persons with disabilities pursuing employment goals. Their responsibilities include: eligibility, IPE and amendment approval, IPE progress, and employment outcome determinations; community assessment; career counseling, disability awareness counseling, personal adjustment counseling, rehabilitation engineering, independent living skill training, personal management training, social skills training, job placement assistance, and job retention assistance. These activities generally require independent complex decision-making and problem solving based on extensive knowledge of disability, human behavior, the world of work, and the community.

Rehabilitation specialist academic degree standards

The highest entry level academic degree standard in Nebraska applicable to the discipline of rehabilitation counseling is a master's degree in counseling or a closely related field. This degree is required for certification as a Professional Counselor under Nebraska's Uniform Credentials Act (Neb. Rev. Stat. §38-2132). Other state agencies typically require the bachelor's degree for work comparable to that of specialists. In 1983, after 2 years of use as an informal standard, the agency formally incorporated the master's in counseling or a closely related field academic degree standard into the Nebraska Department of Education personnel system hiring requirements for rehabilitation specialists. Thus, Vocational Rehabilitation's hiring standard exceeds that of other state agencies and equals the highest standard in the state. For 28 years, all rehabilitation specialists hired by Vocational Rehabilitation have possessed the master's degree in counseling.

Need for retraining plan

Since the personnel standards have equaled or exceeded the highest applicable standards in Nebraska for 28 years, no steps are necessary to change hiring standards or retrain personnel to meet the existing standard.

Communication with diverse populations

Vocational Rehabilitation, to the maximum extent possible, recruits and hires qualified personnel who are able to communicate in the native languages of applicants and recipients with limited English speaking ability. An increased salary differential is offered to individuals who are bilingual or fluent in ASL. Interpreter services for persons with limited English speaking ability are obtained from agencies, vendors, ethnic organizations and advocacy groups, or individuals (family members, friends, coworkers, volunteers). The AT&T Language Line is used as a backup service for walk-ins or crisis situations where no interpreter is available and there is an immediate need to communicate with a person with limited English speaking ability. Vocational Rehabilitation employs staff with sign language skills in areas with significant concentrations of persons with hearing impairments who communicate in sign language, and obtains interpreter services for the hearing impaired from persons meeting the Nebraska Department of Education's written interpreter qualification standards and policies in other areas. These standards now require the department and agency to use interpreters licensed by the State of Nebraska.

Personnel development

Each team assesses the current knowledge, skill, and ability of the team and its members, and identifies the personnel development activities necessary to enable the team and its members to achieve their strategic and performance goals. These team level assessments are analyzed and integrated with statewide training needs identified by specialty area Program Directors, training needed to implement planned innovation and expansion activities, and needs indicated by objective program performance measures. The following summarizes significant staff development needs identified from these assessments

Analysis of the assessments indicates the need for a long-term staff development strategy. In the absence of a long-term strategy, staff development is a series of one-time responses to immediate needs. The impact of this training on organizational functioning deteriorates over time as a result of turnover. For example, even though 100% of staff can be trained at one point in time, with normal turnover, only about 50% of the trained staff will remain 5 years later. Also, in the absence of a long-term strategy identifying the staff development needs of teams and types of specialized knowledges, staff development focuses on individuals and does not respond to the knowledge and performance needs of teams and the organization as a whole. As a result of these problems, there are persistent gaps in critical staff knowledge and skill. A long term staff development strategy

is needed to ensure the ongoing renewal and updating of the entire organizational knowledge and skill base to ensure the organization, its teams, and its staff promptly incorporate into practice new knowledge or responses to emerging needs in the consumer population, service delivery processes, or specific team services.

For staff development purposes, the organizational knowledge and skill base is made up of the three major domains and sub-domains shown in Table 1. The Disabilities and Service Delivery Processes domains are critical organizational knowledges and skills, shared by all team members. To effectively communicate among themselves, team members must possess knowledge of consumer disabilities and the way in which these

Table 1. Organizational Knowledge and Skill Domains and Sub-domains

Disabilities (Team based)	Service Delivery Processes (Team based)	Team Services (Position based)
Musculoskeletal	Induction	Assessment
Central nervous system	Goal planning	Counseling
Spinal cord disorders	Work-first (place & train)	Placement
Psychoses	Employment preparation (train & place)	Rehabilitation technology
Anxiety & personality disorders	Transition into work	Independent living
Cognitive disabilities	Job maintenance & career advancement	Transition
Endocrine & immune system disorders	Partnerships	
Circulatory & respiratory	Support processes	
Autism Spectrum Disorders		
Amputations		
Hearing impairments		
Acquired Brain Injury		
Learning Disabilities		

impact upon the consumer, employment, and the provision of services. Every team member must possess knowledge of the organization's service delivery processes and their role and responsibilities in connection with these processes. Consequently, Disabilities and Service Delivery Processes knowledge is team based, possessed by all members of each team. Finally, each team member must possess the knowledge and skill to provide the specific services for which they are responsible. This knowledge is position based, possessed by all staff responsible for providing each service.

Personnel development needs

1. **New staff training.** There is a need for Vocational Rehabilitation to replace an average of 12-15 staff annually due to resignations and retirements over the next 5 years. No new hires through growth are anticipated. Nebraska does not have a CORE accredited, RSA assisted, graduate level rehabilitation education program preparing persons for practice in a rehabilitation discipline, while in-migration of qualified personnel to fill vacant positions averages only about 1 per year. Consequently, newly hired specialists, as well as all associates, must be provided with intensive initial post-hire training to assure they possess critical performance related vocational rehabilitation knowledge and skills.

The agency is in the process of implementing the use of videoconferencing, podcasts, or streaming videos as a way to deliver timely training to new staff. The typical schedule of new staff training sessions can result in the staff member receiving training months after starting to perform duties in their position. Using media technology would allow the training to be accessed when most relevant to each new staff member.
2. **Training in functional aspects of physical and mental impairments.** There is a need for on-going training of teams in the functional aspects of physical and mental impairments. Past disability related training has been uneven in frequency and staff coverage, with the result that teams lack the consistent knowledge base necessary for the effective planning and delivery of services. The nature and scope of this training will be described in more detail in the next section. Disorders of the musculoskeletal and nervous systems should be the initial focus of training, since they cause about 66% of all significant work disability.
3. **Training in service delivery processes.** There is a need for on-going training of teams in our core service delivery processes. We continually refine many core processes to better achieve our standards & indicators. Teams require intensive training and continuing follow-up to implement these changed processes, methods, and procedures.

Since service delivery processes are influenced by legislation and current research, service delivery process training incorporates relevant requirements of the 1998 Rehabilitation Act Amendments (including informed choice, use of rehabilitation technology, and servicing culturally diverse populations), as well as evidence-based processes and practices identified in current research, and relevant portions of the Workforce Investment Act of 1998.

4. **Training in team services.** There is a need for on-going training to enhance the ability of VR rehabilitation specialists, service specialists, and associates to provide direct services and supports. Specific types of team services provided directly by our staff include: community assessment; career counseling, disability awareness counseling, personal adjustment counseling, rehabilitation engineering (including assistive technology), independent living skill training, personal management training, social skills training, job placement assistance, and job retention assistance. Also included are: Social Security benefits analyses; job seeking skills training and other instruction of persons with disabilities; monitoring persons with disabilities engaged in agreed on rehabilitation plans; providing information; arranging, coordinating, and scheduling team activities; arranging, coordinating, scheduling, and providing transportation; developing, preparing, and maintaining individual service records; and arranging financial assistance to procure agreed on goods and services. Staff responsible for providing specific services and supports need continuing training to maintain their competence, and to acquire the knowledge and skill needed to implement new best practices and procedures.

The agency will conduct monthly training via a videoconference system on topics that are identified as high priority training needs by staff.

5. **Individual training.** Training needs assessments show a broad and diverse range of training needs related to individual development and performance improvement. These individual needs include leadership development and capacity building.

System of personnel development

The comprehensive personnel development system ensures that all personnel receive appropriate and adequate training related to their ability to provide vocational rehabilitation services leading to quality employment outcomes for persons with significant disabilities. This system is based on our needs assessments and is made up of—

1. New staff training to an estimated 12-15 new staff annually. This responds to the identified need to develop fundamental vocational rehabilitation knowledge and skill related to job performance in newly hired staff.

New employee training classes included the following.

- VR Process (3 days)
- QUEST – Case Management System (3 days)
- New Employee Orientation (2 days)
- Medical Aspects I (2 days)
- Medical Aspects II (2 days)
- Job Planning (2 days)
- Employment & Job Planning Discussion (2 days)
- Communication Training (1 day)
- World of Work-DOL (1 day)
- Nebraska Career Information System (1 day)

2. Workshops, distance learning, podcasts, and continuing education activities for Vocational Rehabilitation teams and staff in the areas of functional aspects of disability, service delivery process, and team services. This responds to the identified needs for in-service training in these areas. It also provides opportunities for staff certified under Nebraska's Uniform Licensing Act to obtain continuing education contact hours for certification maintenance. (see Neb. Rev. Stat. §71-1,269).

Current podcasts available for team and individual training include the following:

- Madonna Rehabilitation Hospital Training
 - Multiple Sclerosis and Employment Considerations
 - Work Considerations for the Adult with Cerebral Palsy
 - Vocational Considerations for the Client with an Amputation
 - Vocational Rehabilitation and Spinal Cord Injury

- Agency Statewide Training Conference
 - An Overview of Substance Use, Disorders, Screening and Treatment
 - Barriers to Prisoner Re-entry and What Can Be Done to Overcome Them
 - Brain Injury: Vocational Strategies for Clients with High-Level Cognitive & Behavioral Challenges
 - Drugs of Abuse
 - Interpersonal Communication
 - Making a Return on Investment Pay Off by Matching People and Personalities in the Workplace
 - Mild Traumatic Brain Injury in Returning Combat Veterans and Accessing VA Benefits
 - Nine Essential Skills of Love and Logic
 - Prisoner Re-Entry in the Midwest
 - The Milestones of Adjustment Post-Psychosis (MAPPS) Model
 - Transition from School to Work: Planning for Students with Aspergers
 - Brain Book
 - Scenarios
 - Webinar
 - Consumer Success Stories
 - Agency Core Services
 - Transition
 - Placement
3. Workshops, distance learning, podcasts, and continuing education activities for individual Vocational Rehabilitation staff in identified areas of individual development and performance improvement. This responds to individual needs, as well as organizational needs of succession planning, leadership development, and capacity building.
 4. Acquisition and dissemination of significant knowledge from research and other sources. These activities ensure that staff have access to new knowledge and learning in the field of vocational rehabilitation.

The system of staff development must provide for the ongoing renewal and updating of the entire organizational knowledge and skill base, requiring a long term training schedule.

Coordination with the in-service training grant

In-service training grant funds are used to support, in part, the costs of instructional materials, training consultant expenses, and the lodging and per diem expenses of trainees.

Coordination of personnel development with personnel development under the Individuals with Disabilities Education Act

Vocational Rehabilitation coordinates with the Comprehensive System of Personnel Development under the Individuals with Disabilities Education Act (IDEA) by: (1) exchanging needs assessment findings in areas or topics of mutual concern, (2) exchanging schedules of training and personnel development activities, and (3) joint development of training programs of mutual concern and priority, and joint funding of trainer costs for conducting joint training, when appropriate.

Attachment 4.11(a): Results of Comprehensive Statewide Assessment of the Rehabilitation Needs of Individuals with Disabilities and Need to Establish, Develop, or Improve Community Rehabilitation Programs

The Comprehensive Statewide Assessment was conducted between January 1, 2007 and January 31, 2009. During this period, the State Rehabilitation Council (SRC) held 9 meetings. To facilitate the Council's role in partnering with the agency in developing, agreeing to, and reviewing the agency's goals and priorities, evaluating the effectiveness of the program, and assisting in the preparation of the State Plan, the SRC, at each of its meetings, was apprised of and provided input on the agency's activities, most recent performance data, consumer satisfaction survey results, consumer issues addressed by the Client Assistance Program, assessment data results, and partnership updates including presentations by some of the partners. The SRC and its working committees made recommendations on the State's Goals and Priorities with respect to increasing the quality and timeliness of services, improving consumer satisfaction and engagement, and developing effective community partnerships to increase long term and independent living supports.

The data sources used in this assessment included the following:

- 2006 and 2007 Disability Status Report Nebraska – Cornell University
- 2006 and 2007 RSA-MIS Databases and Reports
- 2006 Social Security Data
- US Census Bureau-Nebraska Profile and Demographics
- American Community Survey, 2007
- VR Consumer Surveys
- VR Staff Surveys
- VR Exit Interviews

Partnership sources used in this assessment included the following:

- Nebraska Planning Council on Developmental Disabilities
- TBI Council
- Nebraska Medicaid Infrastructure Grant
- State Advisory Committee on Mental Health Services
- Deaf and Hard of Hearing: Special Education Advisory Council Standing Committee
- Assistive Technology Partnership
- Palliative Care
- Workforce Investment Boards
- Client Assistance Program

Public comment sources used in this assessment included the following:

- Public Hearing – 2008 State Plan
- Public Hearing – 2009 State Plan
- Public Hearing – Rule 72

Adults with significant work disabilities

While 123,958, or 10.7% of the 1,126,891 civilian, non-institutionalized, population ages 16-64 are estimated as having a disability, 68,740, or 6.1% are estimated to have an employment limitation as reported in the Current Population Survey of 2007. The definition of employment limitation for this survey are those individuals who reported having a "physical, mental, or emotional condition lasting 6 months or more that made it difficult working at a job or business."⁽¹⁾ Approximately 55,707 Nebraskans receive Social Security and/or Supplemental Security Income disability payments.⁽³⁾

Another source indicates that 116,000 of the non-institutionalized individuals, ages 16 – 64, reported one or more disabilities. The highest prevalence rate was physical disabilities, followed by mental disabilities, and sensory disabilities.⁽²⁾ The individuals most in need of supported employment services are individuals with significant mental retardation, severe and persistent mental illness, and traumatic brain injury.

Disability rates among the racial and ethnic minority population in Nebraska varies by race/ethnicity. For all racial and ethnic minorities, only Asian had a lower percentage of individuals with a disability than the percentage among

whites. (2)

Percent of non-institutionalized working age population 2007	Asian	Black	Native American	White	Other / Multiple Race
With a disability	4.2%	20.9%	24.7%	10.4%	12.1%
Without a disability	95.8%	79.1%	75.3%	89.6%	87.9%

The poverty rate among working age people with disabilities in Nebraska in 2007 was 22.4 % compared to individuals with no disability with a poverty rate of 7.6 %. Individuals with a “Mental Disability” have the highest poverty rate (33.4%). Individuals with a “Sensory Disability” had the lowest poverty rate (17.9%).” The average median household income among men and women without a work limitation in Nebraska was \$55,900 while the average median household income among men and women with a work limitation was \$37,800. (2)

Students with disabilities

3,555 students with disabilities, ages 14 – 21, exited Nebraska’s secondary schools in 2006-2007. The three disabling conditions that accounted for 77% of the disabling conditions among Nebraska secondary students exiting were learning disabilities (48%), mental retardation (16%) and other health impaired (13%). (4)

2006 Exit Data for Students with a Disability⁽⁴⁾

Category	Number	Percentage
Graduated with regular high school diploma	1,849	52.01%
Received a certificate	23	0.65%
Reached maximum age	90	2.53%
Transferred to regular education	668	18.79%
Died	13	0.37%
Moved, known to be continuing	381	10.72%
Dropped out	531	14.94%
Total Exits	3,555	100.00%

Age at Confirmed Dropout⁽⁴⁾

Age	Number
14	0
15	35
16	115
17	139
18	152
19	62
20	0
21	0

Among the confirmed dropouts, 50% were students with a learning disability and 18% were students with an emotional disability. (4)

(1) American Community Survey, 2007 American Community Survey 1-Year Estimates, S1801 - Disability Characteristic-Nebraska

(2) Erickson, W., & Lee, C. (2008). “2007 Disability Status Report: Nebraska. Ithaca, NY: Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics (StatsRRTC).”

(3) Social Security Administration Annual Statistical Supplement, 2008 (released February 2006).

(4) Data Accountability Center-IDEA Data, IDEA Part B Exiting 2006-2007, Table 4-1
"https://www.ideadata.org/arc_toc9.asp#partbEX"

Career opportunities for persons with significant disabilities

Nebraska's average unemployment rate for 2008 was 3.4% compared to the average national unemployment rate of 5.8%. It is difficult to predict what the Nebraska economic climate will be in 2010-2012 given the looming national and international economic crisis.

Nebraska Department of Workforce Development, Labor Market Information, Occupational and Industry Projections, Long Term Projections through 2016 indicate that Healthcare Practitioners and Technical Occupations will be the number one fastest growing occupations percentage wise with Healthcare Support Occupations coming in second. Number wise, the occupations that will add the largest number of jobs are as follows.

- Truck Drivers, Heavy and Tractor-Trailer
- Registered Nurses
- Nursing Aides, Orderlies, and Attendants
- Combined Food Preparation and Serving Workers, including Fast Food
- Waiters and Waitresses
- Child Care Workers
- Customer Service Representatives.
- Bookkeeping, Accountants, and Audit Clerks
- General Office Clerks

Nebraska has seven economic regions. This report further states that the Omaha Consortium and the Lincoln MSA will have the largest number of jobs due to growth and replacement which is consistent with the distribution of population within the state.

The most recent Nebraska wage data is from the second quarter of 2006. Average entry-level wages ranged from \$19.34 hourly for management occupations to \$6.13 hourly for food preparation and service-related occupations. The average wage for part-time vacancies is \$9.27 per hour and the average wage for full-time vacancies is \$13.75 hourly. Over two-thirds of Nebraska employers offer health insurance to their full-time employees.

The 2007 Nebraska Employees Benefit Report (survey conducted in 2006) indicates that 68.8% of the jobs statewide were full-time and 31.2% were part-time. (*Note: The 2006 survey did not provide any criteria to differentiate between full-time and part-time employment.*) 65.8% of Nebraska businesses offer medical Insurance to full-time employees and 11% offer medical insurance to part-time employees. The leading industries to offer medical insurance were Information and Manufacturing at 84.9% and 80.9% respectively.

The Nebraska Workforce Development 4th quarter 2007 Job Vacancy Report states that 35.6% of vacancies required no education, 33.1% required a high school diploma or GED, 9.7% required vocational education, 4.8% a two-year degree and 16.9% a four-year degree or beyond. However in 2006, 64.5% of high school graduates went directly to college.

Although the statewide picture is more positive than the national picture, local labor markets vary considerably. Layoffs and closing in smaller rural labor markets off the I-80 corridor have a much greater economic and social impact than in the larger urban labor markets. However, layoffs and closing in any of the seven economic areas of the state will constrain individual choice as well as the possibilities for successful rehabilitation if the individual is not willing and able to relocate.

Vocational rehabilitation service needs

Persons with the most significant disabilities

Persons with the most significant disabilities receive priority for services under the Vocational Rehabilitation order of selection (see Attachment 4.11(c)(3)). Major service needs include —

- *Learning about, accessing, and coordinating needed community services and supports.* Persons with the most significant work disabilities have complex needs, complicated by poverty and lack of social support networks. They must seek out and coordinate services and supports from a number of different community agencies, organizations, and programs in an attempt to meet their needs. Income maintenance needed for the relief of poverty is not always available, leading to rehabilitation failures resulting from minor economic crises. Independence and community functioning are not always available from other agencies, leading to abuse of the VR program by those seeking rehabilitation services, not employment. Further, because of the intertwining of cash benefits with services and supports, some persons with the most severe disabilities will be harmed if they achieve high quality employment, a situation which will persist until Nebraska adopts and fully funds the work incentives contained in the Ticket to Work and Work Incentives Improvement Act.
- *Transition services targeted to students with specific learning disabilities and behavior disorders.* Recent data analyses show there is a population of transition students with primary disabilities of specific learning disability and behavioral disorder who have dropped out of school which is increasingly encountered within the Juvenile Justice system. The ultimate fate of this population without intervention is well known. Consequently, an active, employment focused intervention program conducted in cooperation with the Juvenile Justice System continues to be expanded to provide for meaningful intervention.
- *Services targeted to individuals with brain injury and autism spectrum disorders.* The traditional services have not been adequate to meet the needs of these populations. In addition there continues to be a lack of long-term community supports. During 2008 almost one-fourth of all Vocational Rehabilitation applicants completing the HELPS brain injury screening tool had positive indicators. This has implications for the type of services and training that are necessary for effective service delivery.
- *Career assessment, counseling, and planning services targeted to achieving high quality employment outcomes.* Traditional career assessment, counseling, and planning services are disconnected from labor market realities, particularly those associated with constrained rural labor markets. Traditional services are marginally effective for those with cognitive impairments affecting reasoning and judgment. Evidence based, experientially oriented, assessment, counseling, and planning services should be available, particularly in rural areas, to meet needs.
- *Skill training and behavior management services provided in integrated competitive employment and community settings.* Traditional classroom and segregated training programs are marginally effective with persons with cognitive impairments affecting learning and transfer of skill. Evidence-based training and behavior management services provided in relevant community employment and living sites should be made available to meet needs.
- *Personalized vocational rehabilitation services responsive to unique individual needs and person-environment interactions.* The complexity of service needs among persons with the most significant work disabilities is complicated by their unique "one of a kind" nature. Traditional services based on "programs" and "slots" are marginally effective. Flexible services and supports provided to individuals in their natural environments should be made available to meet needs.
- *Rehabilitation technology services to accommodate functional limitations.* Rapid advances in technology require continual monitoring to be aware of and knowledgeable of their potential application through rehabilitation engineering to accommodate individuals within work and living environments. The identification of solutions through a technology transfer approach provides individuals with significant disabilities expanded opportunities for employment. In addition, greater attention by employers to issues such as ergonomics and the aging workforce has led to an increased demand for assistive devices to improve the functional capabilities of individuals and prevent secondary disabilities in the workplace.
- *Equitable access to extended supports for supported employment.* During FY 2007, supported employment outcomes accounted for 15.62% of the persons rehabilitated exceeding the national percentage for general and combined agencies of 9.99%. This is the fourth year that Nebraska's percentage and number of supported employment outcomes have increased. Extended supports are still not available for persons whose most significant disabilities result from conditions other than developmental disabilities and severe and persistent mental illness, nor are they available for persons with developmental disabilities under age 21, limiting access to supported employment outcomes for persons whose most significant disabilities result from other physical and mental impairments. This is a problem Vocational Rehabilitation cannot resolve alone.
- *Transportation for employment and independence.* Lack of transportation limits the opportunities for employment and independence among persons with significant work disabilities. This is a community problem that must be addressed at the community level since it also affects the low income and aged populations.

Needs of minority and underserved populations

Attachment 4.11(a): Page 4 of 5

FY 2010 State Plan

Based on experience from past initiatives to extend services to previously underserved groups and persons from ethnic and racial minority backgrounds, their needs are best met through long-term, balanced outreach efforts built on continuing partnerships with relevant consumer and support groups. This maintains service equity by preventing an unbalancing of the agency workload while, at the same time, providing a basis for cooperative refinement of services and supports to meet consumer needs.

Needs of persons with disabilities served by other workforce investment system components

Persons with disabilities served by other components of the Nebraska workforce investment system are primarily those whose disabilities either do not substantially impede their employment or do not seriously limit one or more functional capacities in terms of an employment outcome. The employment needs of these individuals generally can be met by the services and supports available from other components of the Nebraska workforce investment system. Vocational Rehabilitation provides information and referral services to assure these individuals link up with the appropriate component of the workforce investment system.

Need to establish, develop, or improve community rehabilitation programs

The need is for evidence-based, flexible vocational skill training, behavior management, and rehabilitation technology services and supports to be provided in natural environments, including integrated competitive employment sites. There also is a need for expanded, predictable, and stable funding of extended services and supports adequate to maintain persons with the most significant disabilities in supported employment.

**Attachment 4.11(b): Annual Estimates of Individuals to Be Served
and Costs of Services**

1. Estimates of the number of individuals who are potentially eligible for services.

The table shows the number of potentially eligible persons in Nebraska aged 16 to 64 by priority group category*.

Priority 1 Most Significant	Priority 2 Significant	Priority 3 Not Significant	Total
12,901	25,656	50,943	89,500

* This table total is based on the 2008 Disability Status Report for Nebraska by Cornell University, non-institutionalized population 16 to 64 reporting a disability. The disability questions were changed in the 2008 survey resulting in a significant difference in the number of individuals reporting a disability from the previous year's survey.

2. Estimates of the number of individuals who will receive services and their costs.

a. Number of eligible individuals who will receive services with funds provided by Title I, Part B during FY 2011 and their estimated costs, by priority category in the Order of Selection*

Recipient Priority	Served	Cost**
Priority category 1	2,219	\$7,138,075
Priority category 2	3,826	\$10,736,425
Priority category 3	0	\$0
Total	6,045	\$17,874,500

* This table assumes no significant changes in current referral patterns, service mix, or costs of services. It is based on an analysis of consumer data between October 1, 2008 and March 31, 2010.

** Does not include costs of assessment services to determine eligibility and OOS priority.

b. Number of eligible individuals who will receive services with funds provided by Title VI, Part B during FY 2011 and their estimated costs, by priority category in the Order of Selection*

Recipient Priority	Served	Cost**
Priority category 1	165	\$270,000
Priority category 2	0	0
Priority category 3	0	0
Total	165	\$270,000

* This table assumes no significant changes in current referral patterns, service mix, or cost of supported employment services.

** Includes costs of supplementary assessment services.

Attachment 4.11(c)(1): State's Goals and Priorities

Nebraska Vocational Rehabilitation's Goals and Priorities established in conjunction with the State Rehabilitation Council include —

1. Increase the Rehabilitation Rate (as a part of meeting or exceeding each of the Federal Standards)

Each time a consumer receives services and is not successfully employed, the agency loses staff time, funds for purchased services and very likely the consumer's satisfaction with VR services. The agency's rehab rate has increased in recent years, however, the rehab rate of 60.85% during FY2009 is lower than the prior year and reflects the difficulties brought about by the economic situation in Nebraska. Given current projections for when the economy is to begin improving and a resulting increase in job opportunities, we believe that a realistic goal will be to increase the rehabilitation rate to 62% in FY 2011.

Measures: Increase the rehabilitation rate to 62%.

2. Increase the Quality and Timeliness of Services

The time that it takes for consumers to achieve their goals is an important factor as VR maintains its relevancy to individuals in need of services. The development of an alternative process that responds to the increasing number of consumers who are coming to VR as a result of layoffs due to the economy will allow for expedited services. A focus on the transferrable job skills of these consumers will lead to employment opportunities with commensurate pay and medical benefits. Quicker access to job data, case service information and forms through the use of mobile technology will assist field staff in the provision of assistance to consumers.

Decreasing the time that a consumer can move through the VR process can result in a corresponding decrease in the quality of VR services if processes are not established to monitor and ensure the appropriateness of plans and services. The agency utilizes a team case review process for closed cases in addition to periodic targeted case reviews by Program Directors.

Measures: (1) Decrease in the amount of time that a consumer is in Employment Services from FY 2009 average of 56.1 days per job search to 55 days per job search in FY 2011.
(2) The average consumer wage will increase from \$10.29 in FY 2009 to \$11.00 in FY 2011.
(3) Implementation of the use of mobile information technology based on staff role and responsibility should lead to higher staff productivity and expedited services. Measures 1 and 4 should partially reflect the impact of the use of mobile technology through decreases in service times and increases in caseload capacity per team.
(4) Based on the team case review process, develop caseload standards for the team and establish criteria that will help determine improvement such as decreasing the number of inappropriate plans identified in the review of closed cases.

3. Improve consumer satisfaction and engagement

The consumer's satisfaction with VR services, their engagement in the VR program and their belief that they will be employed is perhaps the most important determinates in their success. Therefore this important goal is critical to our success as a program. The State Rehabilitation Council is exploring alternative strategies in place of or in addition to the Consumer Satisfaction Surveys that are currently used at four critical points in the employment process. The satisfactory ratings have consistently been 98% or higher, however the agency would like to see opportunities for consumers to provide constructive input on the program in ways that are not perceived as being intrinsically linked to the continued receipt of services. It is anticipated that recommendations of the SRC will begin implementation in FY 2011 based on whatever instrument or process comes out of their review.

The State Rehabilitation Council has created a Consumer Input Committee, at the suggestion of VR, to provide for direct consumer input into program materials, processes and policy. The intent is to obtain a consumer perspective to prevent unintentional barriers to services and to ensure that materials and processes effectively

keep individuals engaged.

Measures: (1) A satisfactory rating of 98% or higher will be achieved on Consumer Satisfaction Surveys.
(2) The SRC Consumer Input Committee will review the "Discover the Job that Works for You" planning workbook and make recommendations for revisions or alternative strategies.

4. Develop Effective Community Partnerships to Increase Long Term and Independent Living Supports

Partnerships provide additional supports that are needed for a consumer to be successful and generally occur in the program areas of transition, traumatic brain injury, behavioral health, juvenile justice and corrections. A partnership is collaboration with another entity that can play an important role in providing needed supports and services for consumers. It may or may not involve an exchange of funds. It is characterized by VR staff involvement, shared responsibility within the team, and a focus on long-term relationships that involves multiple consumers. It is not the same as a referral source that refers consumers to VR for services, but there is no further collaboration. Focusing on the development of partnerships that provide for long term and independent living support will be critical to address issues, such as those that are related to poverty, that impact on consumer job readiness and the ability to keep a job.

In past years, the agency has been in a position to expand the number of partnerships through the provision of financial support. In FY 2010, the agency will develop criteria to define "effective" community partnerships, in particular those in which the agency invests financial support, and review all partnerships based on the criteria to ensure that funds are achieving intended purposes and there is a return that maximized services and supports to the benefit of our consumers. In FY 2011, the criteria will be reassessed and partnerships re-evaluated annually. New partnerships will need to be collaborative in nature but not reliant on financial support from VR.

Measures: The agency will develop six (6) new community partnerships (one (1) for each area) during FY 2011.

Attachment 4.11(c)(3): Order of Selection

Justification of the Order of Selection

Nebraska Vocational Rehabilitation has operated under an Order of Selection for more than twenty (20) years when the agency concluded it did not have sufficient funding to serve all eligible individuals. In the early years we, in fact, had a waiting list and were able to only serve Priority Category One. Experience in working with a waiting list has led referral sources to understand who Vocational Rehabilitation is now able to serve and, as a result, the referrals sources do not typically refer individuals who would fall into Priority Category Three. The agency has for at least the last 11 years been able to serve all eligible individuals from Priority Category One and Two without a waiting period and expect to continue doing so in 2011.

Individuals in Priority Category Three have the option of being placed on a wait list, few have chosen to do so. In reviewing RSA 113 data for FY 2000 to present, between 1 and 4 individuals each year elect to be placed on the waiting list; however, within 6 – 9 months, those individuals then decided to be removed from the list.

Nebraska Vocational Rehabilitation anticipates that the number of individuals on the waiting list will grow substantially given the budget outlook for FY 2011. A cut in state funding and the lack of a COLA increase in federal funds, in combination with increased expenses for personnel and case services, may result in extending the Order of Selection to include the closing of Priority Category Two individuals. The use of ARRA funds for case services in FY 2010 helped to forestall the closing of additional Priority Categories.

Order of Selection Policy

Individuals who have a determination of eligibility or priority within the Order of Selection made during the fiscal year will be selected for the provision of planned vocational rehabilitation services in the following order, to the extent it is determined that personnel and fiscal resources necessary to carry out their Individualized Plans for Employment are available for them.

Priority Category One: All eligible persons who are determined, on the basis of an assessment of eligibility and rehabilitation needs, to be “individuals with the most significant disabilities” as defined below.

Priority Category Two: All eligible persons who are determined, on the basis of an assessment of eligibility and rehabilitation needs, to be individuals with significant disabilities as defined below.

Priority Category Three: All other persons who are determined, on the basis of an assessment of eligibility and rehabilitation needs, to be individuals with disabilities as defined below.

Priority Category One: The Rehabilitation Act requires persons with the most significant disabilities receive services before other eligible persons.

An individual with the most significant disability is one:

1. Who has a severe physical or mental impairment that seriously limits two or more functional areas (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome, and
2. Who requires multiple services over an extended period of time, and
3. Who has one or more physical or mental impairments resulting from amputation, arthritis, autism, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord injuries, including paraplegia and quadriplegia, sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitations.

Priority Category Two: This Priority Category provides a priority to all persons with significant disabilities and is consistent with the intent of the Rehabilitation Act to focus services on persons with significant disabilities.

An individual with a significant disability is one:

1. Who has a severe physical or mental impairment that seriously limits one functional area (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome, and
2. Who requires multiple services over an extended period of time, and

3. Who has one or more physical or mental impairments resulting from amputation, arthritis, autism, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord injuries, including paraplegia and quadriplegia, sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitations.

Individuals who receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) automatically qualify for Priority Category Two and are assessed to determine whether they qualify for Priority Category One.

Priority Category Three: This Priority Category contains all other eligible persons, and assures that persons with the most significant disabilities and persons with significant disabilities are selected for service before all other persons with disabilities.

All other eligible individuals.

Service and outcome goals for persons served during FY 2011

Recipient Priority	Served	Rehabilitated
Priority Category One	2,016	518
Priority Category Two	3,501	1,050
Priority Category Three	0	0
Total	5,517	1,568

Time Frames

Eligibility: All individuals have a determination of their eligibility made within 60 days of application unless there are mutually agreed upon extensions.

IPE: All eligible individuals who meet the Order of Selection criteria will continue with plan development with a goal of achieving a mutually agreed upon and approved IPE within 90 days. An IPE cannot be developed for individuals in a closed Priority Category. However, the Order of Selection system does not preclude delivery of non-purchased services (i.e., counseling, guidance, placement, referral services, coordination of comparable benefits and services paid by a third party) for these individuals. Persons meeting eligibility requirements but in a closed Priority Category have access to a comprehensive information and referral system.

Average months from application to successful employment outcome:

The agency achieved the following average months from application to successful employment outcome for individuals served in Priority Categories One & Two between FY2005 and FY2008.

FY2005 – 18.7

FY2006 – 18.8

FY2007 – 18.7

FY2008 – 18.1

With the agency policy change beginning FY2009 to bring more Transition students into the VR program during their junior year, the agency expected the average to increase because IPE development with secondary students typically takes longer than with adults and the students would be in the VR program for 12 months or more while still in high school. Since RSA had not yet published the FY2009 Annual Review Report tables, we are unable to assess the impact.

Attachment 4.11(c)(4): Goals and Plans for Distribution of Title VI, Part B Funds

Goal

To maintain or increase the number of persons with a most significant mental health disability served through a mental health partnership using an evidenced based model supported employment services.

Number served in FY 2009 — 797

To meet or increase the number of persons with a most significant mental health disability who achieve a competitive successful employment outcome through a mental health partnership using an evidenced based model supported employment services.

Number of successful employment outcomes in FY 2009 — 179

Plans For Distribution Of Title VI-B Funds

The funds received under Title VI, Part B will be distributed in the form of contractual payments for the costs of supported employment services provided to eligible persons with the most significant behavioral health disabilities. Vocational Rehabilitation has a written agreement with the state's Division of Behavioral Health Services that promotes evidence-based supported employment services to individuals with behavioral health disabilities. Written contracts have been established with a qualified provider in each of the state's six regions. These contracts identify the need for supported employment, the specific evidence-based supported employment services available from the provider leading to competitive employment in a supported employment setting which may include Transitional Employment, and their negotiated projected outcomes. The Division of Behavioral Health Services also provides funds for supported employment and extended services.

Each contract promotes shared responsibility for outcomes. Each provider, based on negotiated projected outcomes, will receive as quarterly allotments 60% of the maximum VR funding available. The remaining 40% are incentive payments paid out per outcome up to, but not exceeding, the negotiated projected outcomes.

The projected cost of the contracts exceeds the VI-B Funds allocation and is supplemented with Section 110 Funds.

Attachment 4.11(d): State's Strategies and Use of Title I Funds for Innovation and Expansion Activities

The State's strategies and use of Title I funds for Innovation and Expansion activities flow out of the areas of need identified as a result of the comprehensive statewide assessment. Statistical and demographic information, staff and consumer surveys, and key informant input from partnership sources were used to establish the general areas of priority and included: transition, a focus on employer relationships, enhancing consumer satisfaction through identification of areas for improvement, improved consumer engagement through enhanced follow up services (including quality assurance case reviews and Employment Warranty® monitoring) and the Bridges Out of Poverty initiative, and efforts to enhance or expand services to unserved or underserved populations (palliative care and acquired brain injury). These general areas are supported by the vocational rehabilitation service needs identified in the comprehensive statewide assessment.

In collaboration with the State Rehabilitation Council, detailed strategies and activities were developed for each of the following priority areas —

Transition Research demonstrates that students with disabilities are more successful in transitioning to employment and adult life where Vocational Rehabilitation, educators and adult agencies begin the process by age 14, unify planning and share resources. Therefore, Nebraska Vocational Rehabilitation will either continue or initiate the following:

- (1) Outreach to students entering high school from middle schools.
- (2) Utilize the Transition IPE Booklet to engage students in career exploration, career planning, career activities and career decisions.
- (3) Disseminate publications and information to transition students and their families.
- (4) Develop statewide and regional Youth Leadership Councils that will provide students with opportunities to develop leadership skills.
- (5) Develop a discharge planning protocol for use by juvenile justice facilities for releasing students to their home school districts.
- (6) Utilize the results of the Transition Survey to schools conducted by the State Rehabilitation Council to improve the partnership between VR and the schools.
- (7) Coordinate with the Nebraska Department of Education and the Department of Labor-Workforce Development on implementing the Career Management System that will be available to all schools.
- (8) Design within QUEST II a better method for collecting and recording transition data in order to provide necessary reports to staff and schools.
- (9) Partner with Assistive Technology Partnership (ATP) in a demonstration project to increase the use of assistive technology in secondary schools.
- (10) Develop additional scholarships with businesses targeted to graduating transition students to support employment related education and training.

Employment Services The benefits of employer/vocational rehabilitation partnerships are well documented in recent rehabilitation research. Employers benefit from 1) a diverse workforce, 2) access to a wider range of qualified candidates, 3) reduced turnover and improved attendance of workers and 4) learning how to meet workers' accommodations needs. Rehabilitation benefits from 1) improved knowledge of business culture and needs, 2) increased employment opportunities for people with disabilities, 3) realistic skills training and 4) enhanced consumer satisfaction. Therefore, Nebraska Vocational Rehabilitation will either continue or initiate the following:

- (1) Target employers and industries based on labor market information, future occupational trends and quality jobs.
- (2) Establish long-term relationship with key employers.

- (3) Utilize the National Employment Network, The NET, to connect local labor demands with regional and national opportunities.
- (4) Develop and implement Project Search, a training and employment program targeting hospitals, to increase employment opportunities within the healthcare industry.
- (5) Develop and utilize job retention videos in an effort to improve our rehabilitation rate.
- (6) Conduct a job placement roundtable where placement staff will develop collaborative strategies to increase job opportunities for consumers statewide.
- (7) Develop employer internship opportunities for consumers pursuing post-secondary degrees.

Consumer Satisfaction Nebraska Vocational Rehabilitation has used various methods over the years of gathering consumer satisfaction. These efforts have yielded limited response and limited value in the information received. In order to improve our program and insure that the program is meeting the needs of our consumers, Nebraska Vocational Rehabilitation must develop effective methods of gathering meaningful consumer satisfaction information. Therefore, Nebraska Vocational Rehabilitation will either continue or initiate the following:

- (1) Continue to develop and refine consumer satisfaction surveys to gather timely and meaningful feedback.
- (2) Utilize the survey services of the State Rehabilitation Council.
- (3) Contract with outsourced Employment Warranty® monitors to conduct consumer satisfaction survey by phone with consumers after services.
- (4) Evaluate the goal alignment process that was developed through the technical assistance provided by the American Society for Quality.
- (5) Utilize reports from the Client Assistance Program to focus on identified needed areas for improvement.

Employment Outcomes Nebraska Vocational Rehabilitation continues to see ways to improve the rehabilitation rate of the program. Therefore, Nebraska Vocational Rehabilitation will either continue or initiate the following:

- (1) Continue to survey consumers as they complete major milestones in the rehabilitation process to determine planning, readiness, and other factors that contribute to successful outcomes.
- (2) Conduct case reviews to determine factors that contribute to improving our rehabilitation rate.
- (3) Introduce staff through training to the Bridges Out Of Poverty model to assess their commitment to address poverty issues that often lead to unsuccessful outcomes.
- (4) Improve the frequency and quality of Vocational Rehabilitation contact and follow-up with consumers throughout the Vocational Rehabilitation process to keep the consumers engaged in their program or services.
- (5) Continue to utilize the placement standards and evaluate performance.

Employment Warranty® This program helps consumers regain, maintain and advance in employment. Monitoring with consumers at 90 days, 180 days and 1-year following their employment outcome, promotes greater job stability for those with significant disabilities who have the least community supports available to them.

- (1) Identify data elements for collection and measurement to evaluate the long-term employment outcomes of consumers.
- (2) Program QUEST II to support Employment Warranty® monitoring and data collection.
- (3) Continue contract with Easter Seals of Nebraska for Employment Warranty® monitoring to conduct the monitoring with consumers for up to one year after their employment outcome.

Innovation and Expansion I&E funds will be used to support these areas and related activities —

Bridges Out of Poverty — I&E funds will be used to facilitate the implementation of the Bridges philosophy throughout the agency including training facilitators and supporting the involvement of consumers to enhance service delivery systems.

State Independent Living Council — I&E funds will be used for full support of the activities of the State Independent Living Council.

State Rehabilitation Council — I&E funds will be used for full support of the activities of the State Rehabilitation Council.

Contracts and Grants Specialist — I&E funds will be used to pay the salary of this position.

Transition Program and the Youth Leadership Council — I&E funds will be used for 90% of the salary for the Transition Program Director and 50% of the salary of the Youth Leadership Council Coordinator in conjunction with Special Education.

Assistive Technology The agency grants funds to the Nebraska Assistive Technology Partnership (ATP) to provide rehabilitation engineering and assistive technology services to agency consumers at all stages of the rehabilitation process. Consumers are referred to ATP by VR staff for all assistive technology assessments, funding coordination and assistive technology solutions. ATP offices are located throughout the state and in some cities are co-located with the VR office. Based on referral data available at the writing of this plan, the VR agency is expected to make over 500 referrals to ATP.

The agency funds a demonstration project to expand the awareness and knowledge of secondary educators in the use of assistive technology for students.

Individuals with Disabilities who are Minorities The agency continues its commitment to the hiring of bilingual staff. At present, the agency has four bilingual staff members. In an attempt to increase the hiring of bilingual staff, we offer a salary differential incentive. Program materials are offered in Spanish.

There are three Indian Reservations in Nebraska. VR has one representative on the Nebraska Department of Education Native American Education Advisory Council.

Individuals with Significant Disabilities Since Nebraska Vocational Rehabilitation has only been serving individuals with significant or most significant disabilities for more than 15 years, our outreach to individuals with significant disabilities continues to be effective.

Individual who have been Unserved or Underserved The Client Assistance Program (CAP) each year assesses the VR agency's outreach to unserved and underserved individuals with disabilities and will provide comment to the agency if CAP found the agency to be remiss in this area.

Some examples of the agency's efforts on behalf of individuals who are unserved or underserved are as follows:

Nebraska Vocational Rehabilitation participates in a palliative care initiative for individuals who are not working due to chronic pain. The goal of the project is to help individuals to go to work following pain management services.

Nebraska Vocational Rehabilitation serves on the TBI Council which is funded through a HRSA grant. The Council is focused on re-establishing a statewide Brain Injury Association in Nebraska and promoting state legislation and funding for services to individuals with TBI in Nebraska. The Brain Injury Screening Tool is now being administered statewide to all applicants for VR services to aid in the identification of previously undiagnosed brain injuries and residual impediments to employment. Information about Vocational Rehabilitation services is being sent to all individuals identified through the Nebraska Traumatic Brain Injury Registry.

Nebraska Vocational Rehabilitation has recently collaborated with the Heartland Kidney Network to increase referrals from dialysis centers in Nebraska. Research indicates that number of individuals receiving dialysis who are not employed is very high and the number of those individuals referred to VR for services leading to employment is very low. The network has provided the dialysis centers in Nebraska with the name and contact information of the VR office serving their geographic area. The centers and the VR offices will be conducting mutual training and orientation to increase referrals and successful employment outcomes of individuals on dialysis.

Nebraska Vocational Rehabilitation is expanding its services to the Criminal Justice population by assigning staff to the Adult Drug Court, Specialized Substance Abuse Services, and the Youth Rehabilitation and Treatment Center — Geneva.

Plan for Establishing Community Rehabilitation Programs Since Nebraska Vocational Rehabilitation provides direct services in the areas of vocational evaluation, independent living, and job placement, the agency has no plans for establishing any additional community rehabilitation programs. The agency does contract with those community rehabilitation programs that provide evidence-based supported employment services to individuals with behavioral health impairments and acquired brain injury.

Assisting Components of the Workforce Investment System in Assisting Individuals with Disabilities Nebraska Vocational Rehabilitation continues to have representation on all the local WIA boards, serve on the local One Stop Career Center management council at some of the centers, have VR staff at each local One Stop Career Center on an itinerant basis.

Presentations are made to Center staff on vocational rehabilitation services and other topics related to serving individuals with disabilities. One Stop staff have standing invitations to attend VR's Medical Aspects training programs.

Attachment 4.11(e)(2): Evaluation and Report of Progress in Achieving Identified Goals and Priorities and Use Of Title I Funds for Innovation and Expansion Activities

The following presents our evaluation and report of progress for FY 2009. Needs identified in the comprehensive statewide assessment of needs, and to achieve greater success in our identified goal and priority areas are addressed by focusing our strategic activities and the expenditure of innovation and expansion funds on the six program dimensions listed below.

1. Strategies to Address Needs Identified in the Comprehensive Assessment and to Achieve Identified Goals and Priorities

Develop effective community partnerships

In FY 2009, we:

- (1) Continued to participate in a work group that is developing the Career Management System through the Nebraska Department of Education, Department of Labor, Nebraska Public Power District, and Future Force Nebraska.
- (2) Established a partnership with Grand Island Public Schools and St. Francis Hospital to develop a training program based on the Project Search Model to prepare transition students for employment in the health care industry. Explored and promoted partnership opportunities with other community hospitals and schools.
- (3) Expanded a partnership with Central Nebraska Goodwill Industries to enhance the existing behavior health employment program with the addition of benefits analysis and extended follow-up after successful employment. The intent is to increase the likelihood of achieving nine (9) consecutive months of substantial gainful activity (SGA).
- (4) Established a pilot project with Youth Rehabilitation Training Center – Geneva to provide meaningful employment opportunities, work experience, and vocational and educational competencies to female youth during their court-ordered commitment.
- (5) Provided training to VR staff and community partners, i.e., Assistive Technology Partnership, Commission for the Blind and Visually Impaired, Department of Health and Human Services, and Educational Service Units to develop strategies using the Bridges Out of Poverty Model to promote best practice in serving people with disabilities living in the culture of poverty.
- (6) Utilized ARRA funds to expand the capacity of six (6) community-based mental health providers in providing supported employment services.
- (7) Expanded a pilot site of the Palliative Care Partnership to the Omaha Metro area. The intent of the Partnership is to serve consumers who experience chronic pain to help them achieve employment. This Partnership involves Department of Health and Human Services, Vocational Rehabilitation, Assistive Technology Partnership, and St. Joseph's Villa.
- (8) Established a supported employment program for individuals with acquired brain injury through the use of ARRA funds based on the success of a four (4) year pilot program.

Increase the Rehabilitation Rate

In FY 2009, we:

- (1) Conducted quarterly reviews with management staff to review progress on Standards & Indicators including the rehabilitation rate.
- (2) Conducted reviews of all placement files to ensure placement standards were followed and maintained.
- (3) Began process of establishing Project Search in hospitals in Nebraska.
- (4) Participated on the 4-state employment committee to share ideas of successful placement strategies.
- (5) Represented Nebraska as point of contact on The National Employment Team (NET). Pursued developing partnerships with employers identified through The NET.
- (6) Continued to contract with the Abilities Fund to provide all necessary services for consumers with a self-employment goal.
- (7) Continued use of job retention video with adults and students.
- (8) Initiated a statewide review of cases receiving post-secondary services to determine best practice and to identify any areas of improvement.

The rehab rate for 2009 was 60.85%. That rate was below the previous year due to an emphasis on bringing transition students into the adult program.

Improve consumer satisfaction and engagement

In FY 2009, we:

- (1) Continued at the direction of the State Rehabilitation Council, a series of consumer satisfaction surveys that clients complete throughout the rehabilitation process. These surveys are available in an electronic and printed format.
- (2) Evaluated and recommended to the State Rehabilitation Council changes to reduce the number of surveys and revise the points of service when the surveys are conducted.
- (3) Reported survey results are tabulated by the Client Assistance Program and provided to the State Rehabilitation Council at each of the meetings throughout the year.
- (4) Provide management staff the ability to review the results of Consumer Satisfaction surveys in order to address any team issues in a timely fashion.
- (5) Requested quarterly reports from the Client Assistance Program on the type of client concerns and CAP's recommendations to VR leadership.

Consumer satisfaction has been found to be extremely high, typically ranging from 95-99%..

Increase the opportunity for staff to gain knowledge and skill in the rehabilitation process

In FY 2009, we:

- (1) Continued to provide rehabilitation process and medical aspects training to entry level and existing staff.
- (2) Continued annual statewide staff training conference to provide training based on staff-identified needs.
- (3) Continued transition and placement roundtables for staff to share best practices and innovative strategies.
- (4) Provided support to staff through training to develop specialized knowledge and skills on acquired brain injury.
- (5) Provided release time for staff to participate in training and/or obtain advanced degrees.
- (6) Updated new staff modules, tools and portfolios for use by office directors and program directors in training new staff.
- (7) Established a WIKI server to house on-demand training videos and podcasts.

Strengthen Interpersonal relations on employment teams

In FY 2009, we:

- (1) Conducted an initial baseline survey in FY 2008 on a statewide basis. Determined that a follow-up survey would not be conducted because the information was too global to be of assistance to individual teams.
- (2) Continued utilizing the Gallup Strengthsfinder's model to identify staff member's strengths in support of the team approach.
- (3) Utilized Best Care EAP Services at the team level to address team accountability and work relationships.
- (4) Provided training on cubicle etiquette as two (2) offices relocated from a closed office environment to cubicles.

Increase the number of transition students who apply for the Employment Program and become successfully employed

In FY 2009, we:

- (1) Increased the number of transition students who applied for the employment program by 206 above the FY 2007 baseline of 603, but we were short 191 applicants from our goal of 1000.
- (2) Increased the number of transition students who achieved a successful employment outcome by 39 above the FY 2007 baseline of 275, but we were short 86 applicants from our goal of 400.
- (3) Achieved a 66% rehab rate for students successfully exiting the employment program who entered from the transition program.
- (4) Utilized the transition notebook, "There's a Job in Your Future Discover It! Planning Your Career," to help students make a decision about their post high school goals and applying for services through Vocational Rehabilitation.
- (5) Changed transition policy to require that all post-school direct services must be provided in the adult employment program.

- (6) Developed programs to prepare students for employment, i.e., Transition Scholarships, Project Search, Coop for Success, and Transition from School to Work Fairs.
- (7) Funded three (3) Youth First Transition Conferences focused on employment with an average attendance of 200 per site.

Increase the quality and timeliness of placements

In FY 2009, we:

- (1) Provided training about the Project Search Model to foster interest in developing partnerships with VR, hospitals, and schools in the local community.
- (2) Developed a state-imposed standard of 55 days for job search and placement.
- (3) Continued to monitor the standards that have been developed for the placement area.
- (4) Continued to have placement staff marketing with employers to identify specific job openings.
- (5) Provided labor market information specifically addressing each team's local labor market.
- (6) Explored work at home opportunities, i.e., West, Convergys, Info Group/ORC.
- (7) Explored employment opportunities with higher wages and a career path through Transition Scholarships.

2. Strategies to Carry Out Outreach Activities to Identify and Serve Individuals with the Most Significant Disabilities Who are Minorities

Each team develops an outreach plan. As part of the planning, consideration is given on how to best serve minority populations. In addition to minority outreach through the teams, our transition strategy assists in reaching all racial and ethnic minority groups as they occur naturally in schools.

In FY 2009, we:

- (1) Continued our involvement with the Nebraska Department of Education Native American Initiative and working with the reservations.
- (2) Explored the possibilities of increasing transportation options to expand employment opportunities for individuals who reside on the reservations.
- (3) Provided employer development services to Hispanic employers with bilingual staff where available.
- (4) Continued the priority of hiring bilingual staff. Increased pay is available for staff who are bilingual or have ASL skills.
- (5) Identified and have developed job openings with Hispanic employers who are seeking Spanish speaking employees.
- (6) Updated agency brochures and forms translated in other languages.

Our best indicator of the effectiveness of these strategies in FY 2009 is the Minority Access ratio of .80. In 2009, 15.5% of the cases served were minority. Nebraska's 2008 minority population was 13.79%.

3. Strategies to Overcome Identified Barriers Relating to Equitable Access to and Participation of Individuals with Disabilities in the State Vocational Rehabilitation Services Program and the State Supported Employment Services Program

Identified barriers affecting access to and participation in vocational rehabilitation services include:

- (1) **Systemic barriers.** Potential applicants with low incomes or in poverty survive on an intricate array of multiple income maintenance and human service supports. The rules, regulations, and requirements underlying these supports interact in unpredictable or unintended ways when participation in vocational rehabilitation services requires significant time or temporary employment for work trial or training purposes, threatening survival and creating substantial disincentives to vocational rehabilitation.
- (2) **Individual barriers.** Potential applicants have multiple specific individual and family life circumstances and problems, which interact with each other to interfere with program participation and employment. While the nature of many of these problems is well known (e.g., transportation, child care, housing, etc.), their multiplicity and interactions, in and of themselves, create barriers to program participation and employment. We have developed an evidence-based employment assessment to identify home, community, and on the job issues that interfere with program participation and employment. This assessment is incorporated in the *Discover the Job That Works for You* booklet.
- (3) **Programmatic barriers.** Other public programs working with low income and poverty populations encounter the same systemic and individual barriers. Programmatic barriers arise when disability is a complicating factor, and a

different approach is required. While some programmatic barriers tie to program policies and practices, others result from staff ignorance of the functional impact of disability on work and independence, or from the cost impact of new approaches.

- (1) Maintained supported employment partnerships for mental health in all six (6) regions of the state.
- (2) Continued an evidence-based supported employment outcome model of service delivery.
- (3) Continued to publicize the housing.ne.gov website to assist people with disabilities to get affordable housing near their worksite. Staff utilize this resource regularly.
- (4) Continued to support and assist consumers in the use of the Alternative Financing and Telework loan programs.
- (5) Continued to use the AT4All.com website which coordinates all available assistive technology for the state. This includes equipment available for loan, for sale, for demonstration and for give away.
- (6) Continued the use of an agency-wide video remote interpreting service to address the shortage of sign language interpreters for the deaf in the rural areas of the state.
- (7) Utilized Title I funds to supplement Title VI, Part B funds to adequately address the supported employment services in the state of Nebraska.

In comparing FY 2008 program indicators with FY 2009 program indicators, the program experienced an increase in consumers served and in successful employment outcome. Our conclusion would be that the strategies were effective with respect to access and participation in services.

Applied for Services

FY2008 - 4,376

FY2009 – 5,013

Eligible for Services

FY2008 - 3,908

FY2009 – 4,429

Started Services

FY2008 - 2,567

FY2009 - 2,710

Received Services

FY2008 - 5,760

FY2009 – 6,018

Successfully Employed

FY2008 - 1,543

FY2009 - 1,568

Supported Employment Outcomes

FY2008 - 249

FY2009 - 201

SE Mental Health Partnership Outcomes*

FY2008 - 214

FY2009 – 179

**SE Mental Health Partnership Outcomes are a subset of the Supported Employment Outcomes*

4. Performance Accountability and Continuous Improvement

Performance accountability and continuous improvement is central to all strategies for meeting the vocational rehabilitation needs of individuals with significant and most significant disabilities in Nebraska. QUEST is our comprehensive information management system with the capacity to continuously capture and report data on critical processes and outcomes.

In FY 2009, we:

- (1) Evaluated a variety of case management systems as an alternative to QUEST in order to improve our efficiency and effectiveness.
- (2) Developed standardized processes to enhance efficiency in documentation.

(3) Provided reports to local management staff to support performance reporting and analysis.

5. Innovation and Expansion

I & E funding totaling \$715,169 was used to support the following:

- (1) State Rehabilitation Council (\$21,150)
- (2) State Independent Living Council (\$71,461)
- (3) State Transition Program Director and a portion of Transition related activities (\$129,508)
- (4) Juvenile Justice Program in Omaha and Lincoln (\$58,724)
- (5) Corrections Program Director and Contracts and Grants Specialist position with the agency (\$81,073)
- (6) Youth Leadership Council Coordinator and State Youth Leadership activities in a 50/50 partnership with Special Education (\$32,454)
- (7) Traumatic Brain Injury Project (\$936)
- (8) Easter Seals of Nebraska (\$319,863)

6. Standards and Indicators

The agency met all of the performance standards in FY 2009. Through the strategies and activities identified in this state plan, the agency expects in FY 2011 to increase the margins by which it exceeds the federal standards.

Attachment 6.3: Quality, Scope, and Extent of Supported Employment Services

Quality of supported employment services

All services provided will be of high quality, as judged by prevailing professional standards and such legal standards as may apply. Persons licensed, certified, or registered in accordance with the laws of the State of Nebraska to perform the services will render these services or, if the service is not regulated by the State, by persons who are able to demonstrate they are qualified by reason of education, training, and experience to perform the services.

Scope of supported employment services

The services made available by Vocational Rehabilitation using Title VI-C funds is limited to those initial services resulting in stable job performance in an integrated competitive work setting. These may include, as appropriate to individual needs:

1. An assessment of the need for supported employment services which is supplementary to and provided after an assessment of eligibility and rehabilitation need has determined that a person is eligible for services and is a person with a most significant disability.
2. Development and placement in integrated competitive employment for the maximum number of hours possible consistent with the person's unique strengths, resources, priorities, concerns, abilities, and capabilities.
3. Intensive on-the-job skills training and other training provided by skilled job trainers, co-workers, and other qualified persons. This training is based on a systematic analysis of the work to be performed, and a systematic analysis of the employer's performance expectations and requirements. It is conducted in accordance with a written plan identifying the methods of teaching, instruction, and behavior management necessary to enable the individual to acquire skills and master the work to be performed, to regulate behavior in accordance with the employer's requirements and expectations, and achieve stable job performance. The training provides for a systematic reduction of intensive teaching, instruction, and behavior management methods to the lowest intervention level necessary to maintain stable job performance.
4. Other vocational rehabilitation services that are needed to achieve and maintain job stability including, but not limited to —
 - a. Interpreter services for individuals with hearing impairments to permit communication between the individual and the skilled job trainer.
 - b. Occupational licenses and permits required by federal, state, and local law to perform an occupation.
 - c. Occupational tools and equipment required by the employer but not routinely provided to new employees.
 - d. Rehabilitation technology services including adaptations and modifications of the workplace.
 - e. Work clothing and uniforms required by the employer but not routinely provided to new employees, and safety shoes and other articles of clothing necessary to permit safe performance on the job.
 - f. Transportation from place of residence to the work site and return until the person can pay for the cost from earnings.
5. Follow-up services, including regular contact with the employer, the individual with a most significant disability, the individual's parents, guardian or other representative, in order to reinforce and stabilize the job placement.
6. On-going monitoring services from the time of job placement until the transition to extended services from one or more extended services providers. These services include, at a minimum, the assessment of employment stability and, based on that assessment, the coordination or provision of specific services needed to maintain employment stability.

Extent of supported employment services

1. Assessment of rehabilitation need for supported employment services are made available to the extent necessary to determine the nature and scope of services to be provided under an individualized written rehabilitation program to achieve supported employment.
2. Job development and placement services are provided to the extent necessary to place the individual into integrated competitive employment consistent with his or her informed choice, or to determine on the basis of clear evidence that an employment outcome cannot be achieved.

3. Intensive on-the-job and other training services are provided to the person to the extent necessary to achieve stable job performance, or to determine on the basis of clear evidence this cannot be achieved. Services are provided for a maximum of 18 cumulative months, beginning on the day the person starts the job, unless a longer period is provided in the individualized written rehabilitation program of the person.
4. Other services are made available to the extent necessary to support the individual in an individualized written rehabilitation program to achieve supported employment.
5. Follow-up services are provided to the individual to the extent necessary to assure that job stability has occurred, or to determine on the basis of clear evidence that job stability cannot be achieved.
6. On-going monitoring services are provided, at a minimum, twice monthly at the work site to assess employment stability and, based on that assessment, to coordinate or provide specific services needed to maintain employment stability. If off-site monitoring is determined to be appropriate, and is included in the person's individualized written rehabilitation program, it must, at a minimum, include two meetings with the person and one contact with the employer each month.

Transition to extended services

Vocational Rehabilitation transitions the person to extended services provided by other public agencies, nonprofit agencies or organizations, employers, natural supports, or other entities no later than 18 cumulative months after placement in supported employment (unless a longer period is established in the individualized written rehabilitation program), provided that—

- the person has made substantial progress toward meeting any hours per week work goal in the individualized written rehabilitation program,
- the individual is stabilized on the job, and
- extended services are available and can be provided without a hiatus in services.